

New Client Information for *Minor Child*

PART ONE IS TO BE COMPLETED BY PARENT OR GUARDIAN

We DO NOT accept Denali kid care, Medicare or Medicaid

Name of client (child): _____
Social Security #: _____/_____/_____
Birth date: _____ Age: _____ Sex: _____ Race: _____

Is there a prior diagnosis? If yes please explain:

- Are parents of the child divorced Yes / No

IF YES, A COPY OF DIVORCE DECREE AND CUSTODY AGREEMENT SIGNED BY JUDGE IS REQUIRED

- Date of divorce: _____

What parent of this child has primary physical custody and or is it 50/50 _____

Are all custody arrangements resolved at this time? Y or N; If no, are you currently in court with this issue? Y or N

Is this child adopted? Y/N. **If yes we require a copy of adoption papers.**

How did you hear about us? _____

MOTHER OF CHILD:

Name: _____ Birth date: _____

Age: _____ Sex: _____ Marital Status: _____ Race: _____

Home Ph: _____ Cell Ph: _____ Email: _____

Mailing Address: _____ City / Village: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Education: _____ Degree: _____

Other training (list type & years): _____

Military History: List branch of service and years _____ Served in combat? _____

Religious Affiliation/Church you attend: _____

FATHER OF CHILD:

Name: _____ Birth date: _____

Age: _____ Sex: _____ Marital Status: _____ Race: _____

Home Ph: _____ Cell Ph: _____ Email: _____

Mailing Address: _____ City / Village: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Education: _____ Degree: _____

Other training (list type & years): _____

Military History: List branch of service and years _____ Served in combat? _____

Religious Affiliation/Church you attend: _____

Note: If a step parent is going to be bringing in minor to appointments, a power of attorney and or written consent from bio parent will be needed on file with GMC.

PART TWO IS TO BE COMPLETED BY CHILD

Name: _____ Nickname: _____

School you attend: _____ Grade: _____

Siblings:	Age	Sex	Deceased	City they live in now
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does anyone else live in your house? If so, who:

Rate your childhood [1 Poor-10 Great] and why:

Religious affiliation: _____ Congregation you attend _____

How would you rate your spiritual life (10 great-1 poor) why?

Check and comment about the following as they apply to you:

_____ Current/chronic medical conditions _____

_____ Recent weight changes: Lost _____ Gained _____ Cause? _____

_____ Serious illnesses/injuries/traumas _____

_____ Hospitalizations or surgeries _____

Physician _____ Date of last exam _____

Allergies _____

List current medications/Herbal Supplement	Dosage	Who prescribes?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you been to counseling before, if yes, with who?: _____

Describe your concerns that bring you to counseling: _____

Name your personal strengths and goals: _____

Do you have friendships or a support system?: _____

Please rate your distress level for ALL of the following:

6Maximum 5Very 4Considerable 3Moderate 2Little 1Very little 0No distress

	Explain:
_____ Depressed mood, loss of hope	_____
_____ Suicidal thought	_____
_____ Suicidal actions	_____
_____ Anxiety, worry, stress	_____
_____ Panic Attacks	_____
_____ Sleep problems	_____
_____ Eating habits/ concerns	_____
_____ Withdrawn behavior	_____
_____ Physical health problems	_____
_____ Head trauma	_____
_____ Domestic violence	_____
_____ Parent/child conflict	_____
_____ Addiction to drugs or alcohol	_____
_____ Addiction to pornography	_____
_____ Computer/gaming addiction	_____
_____ Alcohol/other drugs (family)	_____
_____ Emotional abuse	_____
_____ Anger	_____
_____ Low-self esteem	_____
_____ Sexual abuse	_____
_____ Brother/sister problems	_____
_____ Blended family issues	_____
_____ Grief	_____
_____ Religious concern	_____
_____ Fear	_____
_____ Guilt	_____
_____ Sexual identity issues	_____
_____ Sexually active	_____
_____ Experience bullying in school	_____

Please bring back to office when completed